

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

J.V.O.

**Board of Health, City of Baltimore,**  
 Permit No. A 971      Office of Registrar of Vital Statistics.      Ward 49 ✓  
 The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**

Date of Death, July 4 1887

Full Name of Deceased, John R. Norman  
 Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Male

Age, 78 Years, - Months, - Days.

Color, white

Married, Single, Widow or Widower, Single

Occupation, Shoe maker

Birthplace, Baltimore  
 State or country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, During life

Place of Death, Aged Men's Home, Lexington St  
 Give street and Number.

Cause of Death, First, (Primary), Old age  
 Second, (Immediate), Softening of the brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 6<sup>th</sup> 1887  
 Undertaker, Am S. Foy

Place of Business, 301 W Broadway  
 Address, 1008 Madison Ave

H. M. Nelson, M.D.  
 Medical Attendant

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No. 112

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to list of Causes on back of this Certificate.

# Health Department City of Baltimore.

Permit No.

972

Office of Registrar of Vital Statistics.

Ward

19<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, July 3<sup>d</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

James. Woke (hoker)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 31 Years,

Months,

Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

✓

Occupation, Brickmason.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Co. Md.

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, { Give Street and Number. } 219 (52nd St) Bienville St.

Cause of Death, { First (Primary), Lymphatic Fever- Second (Immediate), }

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sherman Cemetery

Date of Burial, July 6<sup>th</sup> 87

Undertaker, Sorrell & Keay Human & Will M. D.

Medical Attendant.

Place of Business, 416 Cross St Address, 12 H. Calum St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

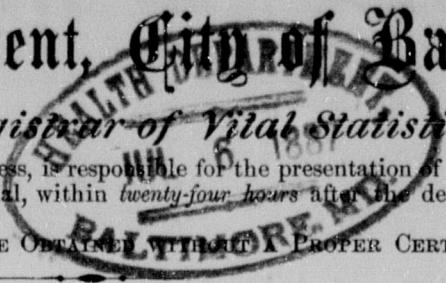
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 973. Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, Monday July 4th. 1887,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } Mrs. Annie Hall

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 33 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married ✓

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } A. W. Cor. Pratt & Albemarle Sts.

Cause of Death, { First (Primary), Phthisis Pulmonalis  
Second (Immediate), Exhaustion

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 7 1887

Undertaker, Jas. Byrne

Place of Business, 301 N Gay

Wm. Brinklow, M. D.

Medical Attendant.

Address, Chase St & Forest Haven

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 774

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 974

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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BALTIMORE, MD.

## CERTIFICATE OF DEATH.

Date of Death,

July 5<sup>th</sup> 1887  
George O. Earley

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

10. Months,

Days.

Color,

White, ✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore City Md.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, his lifetime

Place of Death, { Give Street and Number. }

516 Bloomfield St.

Cause of Death, { First (Primary), Second (Immediate), }

Dentition, Chelang Inflammation,  
General Congestion.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 6<sup>th</sup> 1887

Undertaker, F. Lewis Schaefer

Place of Business, 316 N Fremont

John C. R. Miller, M. D.

Medical Attendant.

Address, 662 W Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

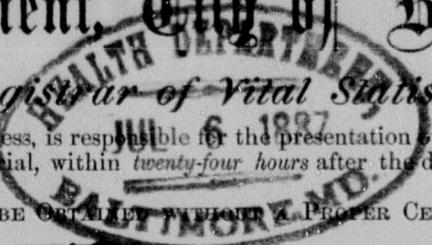
Permit No. 975

Office of Registrar of Vital Statistics.

Ward 20<sup>1/2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death,

July 4<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Howard Reese Baum

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 8 Years, 10 Months, 90 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Child

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number. }

164 Warren Ave

Cause of Death, { First (Primary),  
Second (Immediate), }

Enteritis

Duration of Last Sickness,

Seven days

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet Cemetery

Date of Burial,

July 6<sup>th</sup> 1887

Undertaker,

H. L. Low Schaper

Place of Business,

318 N Howard St

Address, 701 W Carrollton Ave

John Clegg

M. D.

Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 976 Office of Registrar of Vital Statistics. Ward 16<sup>a</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

Date of Death, July 6<sup>a</sup> 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George William Becker

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, White Years, 3 Months. 23 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,  

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 3 months and 23 days

Place of Death, { Give Street and Number. } 409 W. Pratt St.

Cause of Death, { First (Primary), } Cholera Infantum. { Second (Immediate), }

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician

Place of Burial, London Park Cemetery

Date of Burial, July 7<sup>a</sup> 1887 E. M. Reid M. D.

Undertaker, P. Leewald Medical Attendant.

Place of Business, 119 S. Eutaw St. Address, 940 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 977

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

**Health Department, City of Baltimore.**  
**Office of Registrar of Vital Statistics**

Permit No.

A 977

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**

Date of Death, July 5. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Berry

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 2 Months, 0 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single ✓

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Beld City (Baltimore)

Duration of Residence in the City of Baltimore, life time

Place of Death, { Give Street and Number. } 607 Bureau St

Cause of Death, { First (Primary),  
Second (Immediate), }

Malaria

Exhaustion

Duration of Last Sickness,

about one month

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 6

{ Undertaker, Wm Schaeffer } John N. Evans M. D.

Medical Attendant.

{ Place of Business, 808 Front St }

Address, 1224 E. Baltimore

Dr. E. H. West

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Permits for

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

**Health Department of Baltimore.**  
 Permit No. **A 978** Office of Registration of Vital Statistics. Ward **7 a**

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**B**

**CERTIFICATE OF DEATH.**

Date of Death,

July 4<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Louisa J. Adams

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

5 Months,

11 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. }

1310 N Dallas St

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

3 Days -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 7<sup>th</sup> 1887

Undertaker,

{ Wm. S. Fry }

R. L. Russell

M. D.

Medical Attendant.

{ Place of Business, 501 N Broadway }

Address: 500 N Broadway -

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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# Health Department, City of Baltimore.

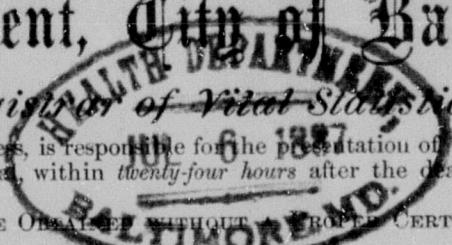
Permit No. A 979

Office of Registrar of Vital Statistics.

Ward 12

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B

## CERTIFICATE OF DEATH.

Date of Death, July 5, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Robt. J. Hayes.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 52 Years,

Months,

Days.

Color, wlt.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Merchant

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

md

Duration of Residence in the City of Baltimore, 31 years

Place of Death, { Give Street and Number. } 1022 Madison Ave

Cause of Death, { First (Primary), Bright's Disease of Kidneys  
Second (Immediate), }

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Darlington Md

Date of Burial, July 7, 1887 G. Lam Daileyhill M. D.

Undertaker, Stedart & Mowen

Medical Attendant.

Place of Business, 215 & 217 Park Ave Address, 922 Madison Ave

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[over.]

4751 Transl

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A98 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line.

Age, 9 Years, Months, Days.

Color, white ✓

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number.

Cause of Death, { First (Primary),  
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fair Haven

Date of Burial, July 3<sup>rd</sup> 1887

Undertaker, Daniel Flynn

Place of Business, 420 West St

R. H. Clegg

M. D.

Medical Attendant.

Address, 915 Fifth

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVRK.]

(4750) Trans